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TENOTOMY—A CASE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In compliance with your request, I report to you the following case of tenotomy. The subject of the operation is a man *æt.* 27, slender constitution, nervous temperament. His father, a worthy clergyman, informs me that his son at birth was small and feeble, but not deformed; he continued feeble a number of years. When about one year old his lower limbs began to draw up. He was unable to walk till more than three years old, and then very awkwardly, with his limbs much bent. The muscles continued to contract for several years, until the legs made nearly a right angle with the thighs. The heels were also somewhat drawn up. From that time to the present there has been little alteration in the deformity. The limbs are nearly alike; very much wasted, and but limited motion in the knee and ankle joints; tolerably full motion of the hip-joints, but the thighs do not admit of perfect extension. He walks with great difficulty. The action of the extensor and flexor muscles is simultaneous and equally balanced, presenting the appearance, when walking, of almost complete ankylosis of the hip, knee, and ankle joints. Progression is principally made by swinging the body from side to side, describing with each foot the segment of a circle, with the toes much turned out. The faculty of the alternate action of the flexor and extensor muscles has not been acquired to any great extent.

The deformity is evidently produced by shortening of the flexor muscles. Division of the tendons of these muscles, according to the late method adopted for the cure of deformed feet, offers a fair prospect of success in this case. With the aid of Drs. Young and Parker, on the 4th of May, 1840, I divided the hamstrings and tendo-Achillis of the left limb, in the following manner: The patient being placed upon a bed, face downward, with the knee resting on a board to prevent the limb from settling so far into the bed as to render the operation inconvenient, a puncture was made with a lancet on each side of the ham, through which a probe-pointed bistoury was introduced, and passed between the skin and the sheaths of the tendons, flatwise; the edge being turned towards the tendon, which was now made tense, it was divided, and its sheath partially so, by repeated, short, gentle strokes, until the tendon separated. The undivided portions of the sheaths resisting considerably the extension of the limb, after the division of the tendons, they were completely divided, which allowed the limb to be brought nearly straight without straining.

Extending the leg increased the extension of the foot so much that it was found necessary to divide the tendo-Achillis in order to secure any benefit from cutting the hamstrings. This tendon was divided as the others were, by cutting down upon it with a bistoury passed through a lateral puncture made with a lancet. The whole limb now came into very satisfactory shape. There was slight hæmorrhage from the ham, none from the ankle. The punctures were closed with patches of court-plaster, compresses and rollers were applied, and the limb extended upon a strip of clapboard, with the foot at right angle with the leg, and secured with a few turns of the roller bandage at the upper part of the thigh, at the ankle, and over the knee. The only after-treatment found necessary, was keeping the dressings wet with spirit and water. No inflammation ensued. The patient complained of some pain in the knee-joint after a few hours, which did not subside until the limb was allowed to be flexed, two weeks after the operation.

On the 2d day of June following, the right limb was operated upon in the same manner, and received the same treatment up to the fifth day from the operation, but the result was less favorable. Patient went on well to the third day. I did not see him again till the 5th, when I found erysipelatous inflammation had attacked the posterior part of the thigh, which was much swollen, hard, tender and painful; pulse frequent and quick; pain in the head; thirst; tongue coated and dry; skin rather hot and dry. On removing the dressings, one of the punctures was open and somewhat enlarged; some discharge of very offensive bloody matter. I immediately enlarged the opening, and pressed out nearly two ounces of highly foetid and partially broken-down coagula. A fermenting poultice was applied to the wound, and the remainder of the thigh was directed to be kept wet with a solution of *ac. plumbi*, in vinegar and water; placed the patient on his side with the leg bent. Fifteen grs. *submur. hydr.* were administered; *sulph. mag.* directed to be given in four hours, to move the bowels freely.

On the following day the symptoms were more favorable. The pain, tenderness, swelling and hardness of the thigh, less—much less constitutional disturbance. The poultices have received considerable offensive bloody and purulent matter from the wound; nearly an ounce was forced out at the last dressing. The *submur.* has operated favorably without the aid of the salts.

June 14th. The inflammation has nearly subsided. Discharge slight, purulent; no febrile excitement; appetite returned; patient feels very comfortable, and in good spirits. The limb was extended to-day without much complaint. Placed the patient on his back, with the limb resting on a pillow to prevent painful extension.

17th. Bears extension of the limb very well; it cannot be brought quite straight without pain, however. Wound not disposed to heal. Applied *nit. argent.* to wound, and brought the sides together with sticking plaster. Application of the caustic was repeated several times, at intervals of two days. The limb was kept extended three weeks from this date, when the patient was allowed to bend his limbs and exercise them at pleasure. Very little pain or tenderness; wound closed.

30th. Nothing worthy of note has occurred since 17th. Laxatives and tonics were had recourse to from the time the febrile symptoms passed off. He walks abroad daily, and with more ease than before the operation.

There are two prominent points of interest in this case. The first is the rapidity and regularity with which the spaces between the ends of the divided tendons were filled with the appropriate substance in both limbs, more especially in the right ham, where circumstances could have been hardly less favorable. The second is the cause of the erysipelas. Was it the confinement of putrid blood in the ham? admission of air into the wound at the time of the operation? or was it the division of the tendons under an unfavorable state of the system? I am inclined to impute it to the confinement of blood in a putrescent state, because the disease soon subsided after the removal of the blood, which would not have been the case if the air had been the cause, for its free passage into the wound could not be prevented at each dressing, which would have prolonged the inflammation—and it appears quite certain that the tendons or their sheaths could not have been seriously irritated, otherwise they would not have united so readily as they did. Had the ham been bandaged tighter for a few days, probably there would have been less hæmorrhage and a complete absorption of the blood.

July 2, 1841. The present condition of the patient is not so good as I had confidently hoped it would be at this time. Yet enough has been accomplished to recommend favorably the operation in similar cases. The want of complete success I impute principally to sadly deficient intelligence in my patient. He has not yet acquired the faculty of alternating the action of the extensor and flexor muscles to much extent, which gives a stiffness to his gait. But instead of swinging from side to side, with his toes scraping the ground, he goes directly forward, while the heels are disposed to scrape. He can stand tolerably straight with an effort—but when walking, bends the limbs to save an effort of the extensor muscles of the legs. Nothing appears necessary but a thorough education of the muscles, to enable him to walk well.

Harvard, July 2, 1841.

Very respectfully,  
E. A. HOLMAN.

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DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—*ESSAY IV.*

THAT the seat of yellow fever is the stomach, the most eminent writers agree. We may on this point, among others, refer to Drs. Rush, Physick, Jackson and Waring; the latter of whom examined at Savannah, in 1820, no less than 60 bodies dead of that disease. In some of these the inflammation or irritation extended to other parts of the alimentary canal, yet the stomach was the centre, and its mucous membrane the part most morbidly affected. The small vessels of it, which in a healthy state contain only serum, were distended with red blood; and the matter of black vomit, which he thought to be neither blood nor bile, was a secretion, or transformation, of the contents of those minute vessels. When

hemorrhage preceded the vomiting of black matter, it was owing to their having burst. But hemorrhage afterwards was referred to ulceration or sphacelation of the same inner coat of the stomach; and which might, although less frequently, take place in any part of the canal, "*and even on the tongue.*" One novel view he entertained, which was, that without much alteration of the capillary vessels, the matter of black vomit might be effused, without any mark of inflammation—and what was still more strange, with apparent relief to the stomach.

Dr. Deveze, in the yellow fever at Philadelphia in 1793, describes the stomach and intestines as highly inflamed, thickened, gangrenous, in spots, and containing coagula, with fetid and black materials. The brain was found in appearance healthy, as was the liver sometimes, but not always. And it is worthy of very particular notice, that the lungs were found, as in the pneumonia typhoides, when epidemic in winter in the northern states, *gangrenous*. But this state of the lungs is not mentioned by every writer on yellow fever. Indeed, the paramount point of agreement is, that the stomach is the seat of the most constant, the most marked, the most extensive morbid injury and fatal lesion of all the viscera. Still, by ascertaining the seat of a disease, we do not always ascertain why it is there seated, nor the cause of such location. Nor do we find out, what of all other things we most desire to know, whether these morbid appearances of the stomach are the causes, or only the consequences, of yellow fever. And if it is answered that they are causes of the fever, still the inquirer would be wont to follow up his question by inquiring, what caused the distension of the serous vessels of the lining membrane of the stomach—the acrimony of its contents, which excoriated the throat, mouth and tongue—and the blackness of the black vomit?

We are, contrary to our previous impressions, compelled to believe them consequences, all of them, of that cause which produces the fever, showing itself locally. One argument in favor of this, and indeed a principal one, and one of such force and weight that we know no means of parrying it, is, that in those cases which destroy life the soonest, there are none of these phenomena, nor any other local lesion, nor morbid appearances, discoverable on dissection.\* The inference from which is, that the universal diffusion of the cause, over the whole system, prevents such concentration of it as to produce blood-shot capillaries, inflamed membranes, acrid secretions, or black vomiting; whilst the lungs lose the power of oxygenating the blood, the brain of influencing the heart, and the heart of carrying on the circulation. Hence, as local affections are most intolerable, toothache being more complained of than consumption, so those cases which proved most suddenly fatal, were such as disturbed the patient the least; who would scarce own himself unwell, when his physician found his pulse intermitting, feeble, slow, or scarcely perceptible; his skin cold and a viscid moisture upon it. This was not, however, a true description of every suddenly fatal case; some being seized with violent terror, and quickly losing their senses and all power of voluntary motion, with severe tremor, died in the short space of a few hours. Both

\* See Deveze, Savarey and Bally.

kinds of these sudden cases are, however, directly in point of the position which we have in view, as exhibiting no disorganization, inflammation, effusion nor sphacelation, when examined after death; the febrile poison resembling in its effects the poison of hydrocyanic acid, in the smallness of the pulse, coldness of the extremities, and in occasioning death without leaving any trace of local action whatever—whilst the more numerous cases in which death is preceded by black vomit, may be, in the lesions of the stomach, compared to poisoning with arsenic. Still there is this difference—the yellow fever stomach is disorganized by the local determination of universal disease to that particular part; whilst the stomach, deranged by arsenic, has the deleterious agent locally applied to that organ.

Again, in the cases which we have compared to poisoning with hydrocyanic acid, life was extinguished without re-action or any local determination, inflammation or sphacelus; the fomes of fever being so deleterious and abundant, as at once to prostrate nervous energy and sanguineous circulation. Consequently, the senses, the muscular strength, and life itself, were at once laid in ruins.

The bladder, in yellow fever, was found inflamed, contracted, and containing black, bloody, and fetid urine; differing in that respect from pneumonia typhoides, in which the urine was copious, although sometimes very high colored. The state of the stomach in the latter did not usually exhibit anything comparable to the malignant lesions of the former, but was loaded with a vast amount of gelatinous slime, looking like the white of an egg; and a viscid perspiration, but not critical, was spontaneously extruded on the surface, of which the whole of the other secretions, including the gastric juice, partook, as respects their viscosity.

All epidemics of high malignity have many symptoms in common. So much so, that some have supposed that when Hippocrates was managing the plague of Athens, he was in reality combating the yellow fever. And others find in the *winter fever*, and *new fever*, of Sydenham, our winter epidemics, and pneumonia typhoides. We are rather inclined to think that the latter opinion may be correct, and that there was a cessation of that particular disease as an epidemic, from 1685 to 1811. Possibly, however, John Bell might have seen it a few years preceding, as he describes its symptoms very precisely.\* He also tells us, that in the plague and in low and pestilential fevers, the *heart enlarges*—which is no more wonderful than what we have previously mentioned respecting the thickening and increased volume of the tongue, which may, as before hinted, be considered as an index not only of the state of the stomach, but far more extensively of the other viscera likewise.

But it is not necessary to call in the aid of these phenomena in order to account for the usual symptoms of pneumonia notha, or typhoides, the want of oxygenation in the blood being for the most part sufficient; although an enlarged heart, which is "curbed in its actions," would present a serious source of disaster—and more especially if John Bell's views be carried still farther, that the heart of the lungs and the heart of the body do not always act simultaneously, but that one may move inde-

\* See his Anatomy, Vol. II.—on the symptoms of peripneumonia notha, paa. 136-137.

pendently of the other. Supposing that the work of a proper circulation through the lungs was greatly impeded, we have a clue to the cough, difficult respiration, and engorgement, of the aerial organs; whilst low delirium, stupor, tremor, irregular or suppressed pulse, coldness of the extremities, which nothing could overcome, with oppression, anxiety, and a livid color, would at once receive an explanation from ill-oxydated blood being sent to the brain.

There are certain considerations with respect to sudden deaths and entire escapes from fever, during the prevalence of deadly epidemics, which occur to us here; and we may also include those who are very ill and yet recover. If the cause be very much concentrated and the predisposition very great, persons may perish, as we have seen, before fever, inflammation, or any local lesion, has time to form. In cases more protracted, one organ, as the stomach, may be more debilitated than other parts, and the main force of the disease fall upon it, and immense suffering and disorganization ensue. But a third class may have no particular part predisposed to receive morbid impressions, and withal a constitution calculated to bear up under the influence of causes vastly concentrated, even such as would kill others who had a brain and heart more irritable; and thus they escape, although they may have as many or more premonitory signs of coming down as those who do come down, perhaps to die. It is thus that a practitioner may not be able to judge, or prognosticate, so accurately at first, who is about to be seriously ill, as he is of the seriously ill who is likely to recover or to sink.

There are some other considerations of great weight in accounting for unexpected escapes and surprising recoveries. Some persons have, from hereditary predispositions to certain diseases, such as insanity, gout, scrofula, apoplexy, &c., a contra-stimulus, or counter-irritation, within themselves, which does more to secure immunity from the fomes of fever, than all the boasted prophylactics. And even if they are, as still they may be, severely attacked, they are thus made more sure of recovery, than by all the counter-irritants their physician could devise. The influenza, in its last extensive visit through the United States, proved very severe and considerably mortal in some parts of South Carolina. But it was observed that corpulent people escaped the epidemic. This, whether correctly or not, was imputed to their greater capacity to retain heat and resist cold, than that of those who had not so warm a fleshy covering. Again, the cause of almost any disease may fall so equally upon the systems of some, as to produce no considerable morbid impression upon any one part; so that as every part, external and internal, skin, nerves, viscera, muscles and bloodvessels, bear all their just proportion, no harm ensues, or only a very slight indisposition. That the stimulus of ardent spirits in those who use them to great excess does not produce fever, was to us formerly very unaccountable until this solution occurred. They appear to excite the brain, heart, arteries, veins, nerves, muscles and capillaries, in such an equal ratio, that no fever is usually produced. Notwithstanding which, when such persons are attacked, their power of resisting disease is immensely diminished. But that in very large potations ardent spirits do have a local termination to the brain, is fully proved by

alcohol, in such a concentrated state as to *burn*, having been found in the ventricles of those who have died drunk.

When there is great excitement in the arteries, with atony in the veins and capillaries, an effort ensues to restore an equality in the circulation, and fever is the consequence, without inflammation, or partial determination. But when atony occurs in any one viscus, or only partially on the skin, there is inflammation of that viscus, or erysipelas on the cutis. Further, if there is universal atony, there may arise what has been by Mr. Hunter termed the *stimulus of necessity*, or what the Brunonians term asthenic inflammation—which, however, Broussais would deny, and so far we believe him correct. But when he makes the struggle that ensues to consist in sthenic inflammation, he falls into a greater error than he corrects; there being in fact no kind of inflammation, but only a re-action which is often salutary, as it restores lost energy and a depressed pulse to a more healthy beat.

We at one period thought it might be possible to settle the question whether yellow fever was imported, and was a distinct disease from the high grades of indigenous bilious remittents of our own country, by a reference to *post-mortem* inspections. But upon further investigation we find that autopsies of this kind vary, as do the symptoms during disease. A yellow skin and black vomit have been thought the most certain signs of an imported contagion. Still, death may take place without them, in the same season, same infected district, same house, and same family. It is a curious fact that Mr. Charles Curtis, an eminent medical character of the Anglo-East Indies, speaks of yellow fever as being carried from the United States to the West Indies; he considering it indigenous in the former, and imported when it appears in the latter.

There is one point of distinction between yellow and remittent fever which has been observed in the West Indies, which is important in settling its pathognomy there. It is this, that yellow fever very seldom seizes those who are habituated to the climate, whilst remittent fever is wont to harass them all their lives. This is certainly calculated to prove a difference not confined to *grade*, but one that is *radical*. At the same time this writer (A. Manson, Esq., late surgeon in the British navy) disbelieves its importation from Boullam, as Dr. Chisholm supposed, into Grenada, or that it is contagious.\* Yet in acknowledging a total difference between it and remittent fever, he puts into the hands of the contagionists the heaviest war-club that they have ever possessed; it having been long contended by the non-contagionists in this country, that yellow fever is only a higher grade of our indigenous bilious remittent fevers, exalted by heat and the local miasm of putrefying substances, foul streets, foul ships, habitations and clothing. Now as to the opinion of Mr. Curtis, that we Americans have the yellow fever amongst us, and export it to the West Indies, it forms a curious example of the *universality of deception*. That crews of American vessels are often attacked in numbers and die there, when there is no alarm before their arrival, gives a speciousness to the opinion. The expeditions to Martinique, Gaudaloupe, and the Havana, when in 1756 England and America acted in

\* Mr. Manson having been attached to the West India station, had seen the disease there.



concert, were attended with a most appalling and horrid loss of life; and this, when it does not appear that the inhabitants of those islands were suffering any sickness at all. This might have given origin to the strange notion that English and American troops brought the fever with them, when they were dying by hundreds, whilst there was no unusual mortality before their arrival, nor afterwards except among themselves. Dr. Hunter informs us that of 5000 troops who took possession of St. Lucie, scarcely a man of the original number remained at the end of one year; although the sword of the enemy had destroyed an inconsiderable number.

A disease of the tropics, depending entirely for its existence upon a tropical climate, cannot appear where the heat, in some part or portion of the country or season, is not tropical. But the atmospheric poison of yellow fever becomes congenial to the acclimated population, and suddenly poisons those only whose habits are uncontaminated. Just as opium, ardent spirits, and three regular and full meals a day, destroy the Indians of this country, because neither they nor their ancestors were used to them. Whilst the whites use them all and often to excess, and remain in comparative health.

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MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED  
BY S. D. TOWNSEND, M.D., SURGEON.

*Fractures of the Leg.*—July 3d. P. D., æt. 37, employed as a sawyer in a ship-yard at Medford; while moving a stick of timber, it rolled over and struck his leg against another timber. The right leg, upon his admission, was found much swollen and tender. Upon pressure along the spine of the tibia, five inches above the malleolus, he had acute pain, and by rotating the foot slightly, distinct crepitus was felt, and the bone gave way at this point. The fibula could not be distinctly felt on account of the swelling. The foot was slightly everted, but on placing it in its natural position, the axes of the fractured portions of the tibia became coincident. A roller was applied to the foot as far as the ankle, and a tailed bandage from thence to the knee, the limb to be kept wet with diluted alcohol. Over this were applied three splints well padded, extending from the knee to the bottom of the foot, two of them having a hole at the bottom to receive the projection at the ankle.

July 13th. Upon examination found the swelling very much diminished; the fractured portions have retained their position perfectly. Apply the starch bandage.

The next case is a stout athletic man, aged 36 years, who was standing (July 9th) at the door of a shop, when a person, who was running out, unintentionally kicked him severely upon the right leg, breaking both bones. He represented his health as good, except that he has been subject to epilepsy since childhood, and denied having taken any ardent spirit for many months, although apparently intoxicated when admitted. The subsequent history of the case, however, confirmed the opinion that his assertions on this point were not to be believed. On examination, the integu-



ments were contused over the middle of the tibia, which was fractured obliquely about four and a half inches above the malleolus of the fibula five inches higher. From the shortness of the lower fragment and the action of the muscles, there was some difficulty in keeping the fractured ends in apposition; the sharp end of the upper fragment projected nearly through the skin; the foot was everted, with distinct crepitus on slight motion. Extension was made on the leg by an assistant, while the fractured ends were brought into apposition and a tailed bandage applied closely from the ankle to the knee. A splint was then placed on each side of the limb and confined by tapes. By these means the foot was found to preserve its natural position, and the leg its proper length. The second day from the date of the injury he was seized with a fit, attended with convulsions, during which the fractured limb was much deranged by his exertions. The succeeding night he suffered from severe cramps in his limb, followed by great agitation and excitement. Delirium tremens supervened; it became necessary to confine him by straps to the bed, to prevent increased injury to the limb, and on the fourth day from the occurrence of the fracture he died.

*Autopsy, five hours after Death.*—The organs generally were found healthy. The mucous coat of the stomach was rather soft, thin and opaque. The arachnoid membrane was slightly injected, and rather thicker and more adherent than usual. The ventricles contained about the usual quantity of serum. The exterior of the injured limb presented an entire black surface, in front occasioned by the exertions of the patient to remove the dressings from the leg. The tibia was fractured obliquely upwards, commencing anteriorly and passing backwards; the fibula five inches above it, splitting the bone to the extent of four inches.

All surgeons of experience agree in the fatality of delirium tremens when following fracture, more especially when it is compound; and in this case the patient being subject to epilepsy, added another reason for giving a fatal prognosis. *Drunkards often become delirious and die in consequence of fractures and other severe injuries.*

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#### CASE OF COMPOUND COMMUNUTED FRACTURE OF THE SKULL.

[Communicated for the Boston Medical and Surgical Journal.]

LEICESTER HOLLOWAY, aged 21 years, residing in the town of Homesfield, Jefferson Co., N. Y., had his skull fractured badly on the night of the 11th of July last, by the explosion of a small cannon. I was called at midnight by Dr. Dickinson, his attending physician, about three hours after the accident. I found him covered with blood, and perfectly insensible and comatose. On the right side of the head, in the situation of the temple, was an extensive wound, four inches in diameter, through which the brain protruded, followed by alarming hemorrhage. With this view of the subject, I proceeded to a further examination, and having removed the hair and coagula from the wound, I discovered a large hole in the head, the size of a Spanish dollar; and on introducing my finger, fractured portions of the bone were distinctly felt imbedded in the sub-

stance of the brain. The temporal artery was lacerated, and the meningeal membranes were literally torn in strings. I of course had no occasion to employ the trephine in this case, as the fractured portions were entirely detached and readily removed by means of the forceps and my fingers; besides this, there were also pieces of wood (being pieces of the wood-work of the cannon) and much disorganized cerebrum and locks of hair. These having been all removed, an elevator was introduced, the surrounding portions raised to their proper level, and the wound dressed with plain dressings.

On the following morning I found him much the same as when I left him the night previous. The wound had bled freely, but was checked by cold applications. I now ordered him an enema and some light drinks, and left him with the attending physician.

On the 13th his pulse had risen and was quite active; had some fever; was quite insensible and slept incessantly. Twenty ounces of blood was now taken from the arm, his head was shaved, and cold applications were constantly used. This produced decided relief in the course of the day, and he soon showed signs of returning sensibility. He was again bled on the 14th, his head was dressed, an enema given, his bowels kept freely moved, counter-irritation to the extremities, low diet, diaphoretics, and other forms of antiphlogistic treatment, were persevered in, until suppuration was established. The discharge from the wound was exceedingly foetid, but was corrected by means of yeast poultice and a solution of chloride of soda. Under this treatment the wound granulated, but was prevented from healing by a large *hernia cerebri* which protruded through the ragged opening. I ventured to remove this by the knife, with the hope that I might be able to draw the wound together before another hernia could present itself. But in this I did not succeed; the pulsatory action of the brain was so strong (notwithstanding the amount of blood lost), and the opening in the skull was so capacious, that another tumor—larger than the first—soon made its appearance. It was not possible to restore this by pressure, it being larger than the opening through which it protruded, and I dared not venture to cut it off lest fatal hemorrhage should ensue. I at length succeeded in removing it, by cutting it a little every day at its base, at the same time diminishing the size of the wound by promoting granulation and approximating the edges by strips of adhesive plaster.

At the end of five or six days the hernial tumor sloughed away, and beneath it were formed healthy granulations, which served the purpose of a compress, and effectually prevented a return of cerebral protrusion. A small opening, however, remained, through which the suppuration from the brain was continued and promoted by poultice, till at the end of five weeks it healed. In about one week more the wound again opened and discharged, and on examination a large piece of bone was found exfoliated, and was working its way towards the surface. This I readily removed by enlarging the wound, and in a few days it entirely closed and cicatrized. The patient is now restored to health, without the least interruption of his mental faculties.

F. A. CADWELL, M.D.

Watertown, N. Y., June, 1841.

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**BOSTON MEDICAL AND SURGICAL JOURNAL.**


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 BOSTON, JULY 21, 1841.
 

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**PRESENT CONDITION, PROSPECTS AND DUTIES OF THE MEDICAL PROFESSION.**

At the annual meeting of the Massachusetts Medical Society, in May last, Dr. Reynolds delivered a discourse that met the universal approbation of the members. Within a few days, it has appeared in the regular business publication of the Society, in connection with the doings of the Fellows, the Board of Counsellors, Committees, &c. for the previous year. We recommend it to the careful perusal of those excitable gentlemen of the profession who run post-haste after every new-fangled scheme in medicine that is presented to the community as an important improvement. In speaking at large on the subject of homœopathy, the spirited orator arrives at the following conclusions. "Such are the chief elements of homœopathy, or the transcendental reverie of a German charlatan, as gathered from the peculiar and uncommon dialect of the Organon; which, unequalled in folly by the wildest ravings of Paracelsus, lays its bold claim to favor, as the last, the best, and the ultimate point of medical perfection." "It has been forty years travelling from the obscure place of its birth, to our transatlantic shores. It is probably destined, like Mesmerism and all other kindred species of medical humbuggery, to have its run; and after, in its turn, heaping another full measure of ridicule upon the healing art, to transmit, at its death, as a compensation for the temporary injury inflicted upon a noble profession, more abundant proofs of the successful manner in which nature triumphs, under regulated diet, over many diseases, without the help of art." What will the learned Boston animal magnetism committee say to this direct insult to the altar at which they make their genuflections? A more unfortunate mis-step could not have been made by Dr. Reynolds. It would not surprise us to learn that the whole sage committee of twenty-four, with Collyer as commander-in-chief, had annihilated such a presumptuous desperado.

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*Clinton—a Georgia Albino.*—A boy, eight years of age, born of perfectly black parents, from Georgia, is now on exhibition in Boston. As albinos are by no means rare in this country, this show will not prove a very profitable speculation. A few years since, there was a female albino in the Boston Alms-house, supported at the expense of the city, quite as much of a curiosity as Clinton; yet no one ever went a rod out of the way to view the curiosity. The young woman who is travelling about the States, under the care of Col. Paige, is a better specimen of a white negro than almost any one seen here at the North. The pink eyes, of which so much is said in the advertisements, require a large volume of faith to discover.

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*Yale College.*—Lectures commence on Thursday, Sept. 30th, and continue till the 19th of the ensuing January. This is an excellent and

well-managed school of medicine, to which young gentlemen can be confidently recommended. On the seventh page of the circular it appears some donations have been made to the institution, of late, but no particulars are given. From year to year, the Connecticut Medical School has maintained a high and increasing reputation, and seems not to have been affected by events which have almost obliterated some of their rival neighbors a few hundred miles off.

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*Maine Thomsonian Convention.*—From the Recorder, one of the eclectic periodicals of the order, it seems there has been a great convention at Waterville, in the State of Maine, characterized by a multitude of resolutions, and bold insinuations that they intend to put society into a condition of health before they rest upon their oars. One of the essential objects of the convention seems to be the establishment of a Thomsonian medical school, somewhere in New England. We earnestly hope the wise ones of the corps will fix upon Boston. If they wish it to flourish, it must be located here; anywhere else north of New York, and it must languish and ultimately be abandoned. Our exceeding desire to have the standard of Thomsonian instruction planted in Boston, is based upon the belief that the students would avail themselves of the various opportunities which the city presents for studying medicine and surgery on rational principles, and thus, instead of constituting a mere ignorant, presumptuous, pepper-dealing fraternity, they would stand some chance of discovering that the road to science is not alone through a canister of pulverized lobelia.

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*Circulars of Medical Colleges.*—These are coming in daily from all sections of the Union. Both the local conveniences for the accommodation of students, and the system of instruction in each department, show most satisfactorily that the progress of medical science is onward and upward in the United States. All the Philadelphia, New-York and New-England circulars evidence a commendable industry with reference to the forth-coming lecture season.

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*Medical Staff, U. S. A.*—On the 25th of May last the following gentlemen were approbated, by the Army Medical Board, and have received commissions as assistant surgeons: Charles Isaacs, of Mississippi; Richard H. Coolidge, New York; Robert S. Holmes, Pennsylvania; Charles W. Stearns, Massachusetts; William Levely, Maryland; Dabney Herndon, Virginia. Alexander F. Suter, Charles Hitchcock and William Maffitt, assistant surgeons, were examined for promotion to surgeons by the same board.

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*Lectures on Medical Jurisprudence.*—Mr. Ticknor has kindly sent to the Journal office a copy of the American edition, by Messrs. Lea & Blanchard, of Philadelphia, of *Outlines of a Course of Lectures on Medical Jurisprudence*, by Thomas Stewart Traill, M.D., &c., which will have a special examination.—Mr. Ticknor has an excellent collection of medical books, where those in pursuit of the rarest and latest works, in ancient or modern languages, will be sure to find them if on sale in Boston.

*Homœopathic Books.*—Notwithstanding the ridicule of some, the anathemas of others, and the contempt of many leading professional men in regard to homœopathy, it is evidently gaining friends even in staid New England. We have been as active as any one in endeavoring to open the eyes of the credulous to what we honestly believe to be wholly unworthy of serious thought; but instead of keeping the world where it was, we are obliged to acknowledge that a spirit of inquiry into the philosophy of this supposed improved system of medical management, converts very many to the comfortable opinion that half is better than the whole. In other words, all the efforts made thus far, hereabouts, to arrest the progress of the new doctrine, have failed; both practitioners and patients are increasing. As an item of intelligence, therefore, which may be interesting to some of our readers, we would inform those who are favorably disposed towards homœopathy, and who wish to avail themselves of every possible opportunity of understanding what we verily conceive to be of no importance, that at No. 10 School street, as may be seen by our advertising page, all the principal publications of this school of medical new lights may be found.

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*Mortality of Children at the Sandwich Islands.*—Dr. Andrews, under date of August, 1840, speaks of the mortality of the native children of these islands, in connection with the fact of the decrease of the native population. Since his residence at Kailua, an effort was made to ascertain what proportion of them live. The result shows that more than one half die under two years, and a very considerable part of those between the periods of six and twelve months. If they arrive at two years, a few only, comparatively, die in childhood. He does not attribute this mortality to the climate. Insufficient clothing, improper food, and want of cleanliness, are the great agents of their destruction. It is the practice of the Islanders to feed their children at a very early age, and often from birth, with *poi*, a salmagundi of fish, sea-weed, sea-eggs, &c. Indigestion, dropsy, diarrhœa, and a host of bowel complaints, follow. It is not uncommon, says Dr. Andrews, to find females who have lost all or nearly all their children, to the extent of ten or twelve—in infancy too. "I know one woman," says the doctor, "who says that she has borne twenty-one children, but one of whom is living—the others having perished in infancy." "The younger class of women," continues the writer, "could always tell me readily how many children they had borne; but from the aged, those who had become mothers in the days of darkness, I could seldom obtain any correct account. If they had any living, they could tell their number. If they had none, they could tell that; but ask them how many had died, and the reply is, *na nalowali, na uni loa*: a great many—I have forgotten."

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*Naval Medical Appointments.*—The Board of Naval Surgeons recently convened in the city of Philadelphia have closed their proceedings, and reported the result to the department.

Of the Assistant Surgeons examined, the following have been found qualified for promotion, viz.: Charles A. Hassler, of the date of 1834; David Harlan, of the date of 1835; Victor L. Godon, do.; Robert Woodworth, do.; J. Dickinson Miller, of the date of 1836.

Of those examined for admission into the Navy, as Assistant Surgeons, the following have been found qualified, viz.: 1, Andrew H. Henderson; 2, Ellis Hughes; 3, John Hastings; 4, Charles H. Broughton; 5, R. T. Maxwell; 6, Edward McKinley; 7, Alexander Y. P. Garnett.

*Fiske Medical Prize Question.*—The Trustees of the Fiske Fund announced at the annual meeting of the Rhode Island Medical Society, holden in Newport on the 30th ult., that there having been no competition on either of the questions proposed last year, no premium was awarded. The question for the year 1841-2 is, "What are the causes, character and nature of the Diseases of the Spine, both structural and functional, and what is the best mode of treatment to be employed in each?" This question is open to the medical profession at large.

The more surely to enlist some of the first talents of the profession in the competition, the trustees have resolved to offer for the best dissertation on the above question, the sum of *one hundred dollars*, or to present a gold medal of equal value, at the option of the successful competitor.

Every competitor for the premium is expected to forward to one of the Trustees, on or before the tenth day of April, 1842, free of all expenses, a copy of his dissertation, with a motto written thereupon, and also accompanying it a sealed letter, having the same motto inscribed upon the outside, and his name and place of residence within. Both dissertation and letter must be written in a clear and legible manner. Neither a name nor any other mark shall be put upon the dissertation, or any accompanying paper (save in the manner above designated), whereby the author will be known to the Trustees. Previous to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

The names of the Trustees are, Richmond Brownell, Providence; Theophilus C. Dunn, Newport; Jeremiah Williams, Warren. Secretary, Thomas H. Webb.

If more convenient, dissertations may be sent to the store of the Secretary, No. 109 Washington street, Boston, or Messrs. Bartlett & Welford, No. 229 Broadway, New York.

*The Hamburg Medical College, and Union of Physicians in Hamburg.*—We have received, through the kindness of Dr. Oppenheim, the address of Dr. Siemer, President of this Society.

It seems that former attempts at founding a medical society failed, from want of unity among the members; this defect, Dr. Siemer states, is now remedied, and the 143 physicians of Hamburg, and 36 of Altona, live together on very friendly terms. Still, there, as elsewhere, "it is not possible that sometimes a misunderstanding should not arise. The elements are too heterogeneous to form a uniform whole. Veniam damus, petinius que vicissim."

The whole pamphlet gives us the impression that the relations of the physicians of Hamburg are of a very agreeable kind, and that, as the author states, they differ more about ideas than persons. The object of this Society or union is to continue this friendly feeling; and although, on the one hand, the want of union depends upon the very nature of our art, which will probably never attain mathematical certainty, on the other this

very diversity may be useful and agreeable; "but we must separate the person from the thing"—that is, the scientific pursuit in which many different modes of culture are allowable.

The Society finally, on the recommendation of Dr. Siemer, elected a number of honorary and corresponding members; the distinction, we suppose, being that honorary members are supposed to be past work, and corresponding still active—at least, such is the construction that our own position in the list entitles us to take. Five corresponding members have been named in the United States—the Society selecting the representatives from the editorial corps, as among the most useful members of the profession, or, at least, among those who have the hard task of writing or compiling more matter than is always read. They are Dr. J. V. C. Smith, of Boston, and Drs. Hays, Dunglison, Biddle and Gerhard, of this city.—*Philad. Med. Examiner*.

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*Extemporaneous production of Ice.*—Air being condensed in a proper reservoir, is suddenly suffered to escape by opening a stop-cock, and is conveyed to the spot (preserved wet with water, alcohol or ether) by means of a flexible pipe. The cold superinduced is below 32 deg.; hence water in a ball of glass is speedily frozen in such a current; and the principle is illustrated on a large scale in the mine at Chemnitz, in Hungary. It is easily understood, and belongs to the phenomena of latent caloric.

Its extreme portability and simplicity, combined with its complete efficiency, recommend the instrument as a valuable adjunct to the medical practitioner.—*Lancet*.

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*Mode of Action of Cubebs and Copaiba.* By M. RICORD.—At the sitting of the Royal Academy of Medicine, on the 8th of September last, M. Ricord showed a design of a case of accidental hypospadias, resulting from a urinary abscess. The patient affected with this infirmity having contracted a gonorrhœa, it gave rise to some curious observations. The discharge first showed itself in the vesical portion of the urethra, afterwards the part situated before the solution of continuity was invaded in its turn. Treated by copaiba, the vesical portion was soon cured, but the disease remained in the other part, and afterwards communicated it to the portion already cured. Cubebs was administered, and the discharge again ceased in the posterior portion of the canal. These facts show, according to M. Ricord, that cubebs and copaiba cure syphilitic discharges by the principles or properties which they communicate to the urine, and of which the urethra receives the influence by the passage of that fluid.—*Archives Générales de Médecine*.—*British and Foreign Medical Review*.

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**NOTICE.**—It is proposed to issue, as usual, a Supplement of Medical Advertisements, to accompany the first No. of our next volume. Those wishing advertisements inserted will please forward them immediately. The price in the Supplement alone will be the same as for one insertion in the Journal.

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Number of deaths in Boston for the week ending July 17, 20.—Males, 12; Females, 8. Stillborn, 5. Of consumption, 3—coxaigia, 1—croup, 2—infantile, 3—lung fever, 1—marasmus, 1—delirium tremens, 1—disease of the lungs, 1—typhus fever, 1—teething, 1—disease of the heart, 3—debility, 1—pleurisy, 1—paralysis, 1—drowned, 1.



## NEW HAMPSHIRE MEDICAL INSTITUTION.

THE annual course of Lectures in this Institution will commence on Thursday, the 5th of August next, and continue three months.

DIXIE CROSBY, M.D., Professor of Surgery, Obstetrics, and Diseases of Women and Children.

EDWARD E. PHELPS, M.D., Lecturer on Materia Medica, Medical Jurisprudence, and Medical Botany.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

JOSEPH ROBY, M.D., Professor of the Theory and Practice of Medicine and Pathological Anatomy.

EDMUND R. FRASLEE, M.D., Lecturer on Anatomy and Physiology.

Expenses for the course of lectures, \$50.00. Graduating, \$18. Matriculating, \$3.00. Board may be had at \$1.33 to \$2.00 per week, and abundant facilities for those who may wish to board themselves. The fees must be paid at the commencement of the term, or notes given with satisfactory security. All operations before the medical class are performed gratis.

Dartmouth College, Hanover, June 15, 1841.

Je 23—1A7

By order of the Faculty,  
OLIVER P. HUBBARD, Sec'y.

## BERKSHIRE MEDICAL INSTITUTION.

THE annual course of Lectures will commence the first Thursday, 5th of August, 1841, and continue thirteen weeks. Fee for the whole course of lectures, \$50; fee for those who have attended two courses at any respectable medical school, \$10; graduation fee, \$18; library fee according to the number of books taken. Board, from \$1.50 to \$2.00.

Theory and Practice of Medicine and Obstetrics, by

H. H. CHILDS, D.D.

Principles and Practice of Surgery, by

FRANK H. HAMILTON, M.D.

Anatomy and Physiology, by

JAMES MCCLINTOCK, M.D.

General and Special Pathology, by

ALONZO CLARK, M.D.

Materia Medica and Pharmacy, by

M. A. LEE, M.D.

Chemistry, Botany, and Natural Philosophy, by

CHESTER DEWEY, M.D.

Demonstrator of Anatomy,

C. C. CHAFFEE, M.D.

Pittsfield, Mass., May, 1841.

Je 9—1L

PARKER HALL, Secretary.

## MASSACHUSETTS MEDICAL SOCIETY.

SENSORS' MEETING.—There will be a stated meeting of the Censors for the First District and Society at large, at the house of Dr. John Jeffries, No. 9 Franklin street, Boston, on Wednesday, the 28th of July, 1841, at 4 o'clock, P.M.

Je 30—eptm

JOHN JEFFRIES, Secretary.

## MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by

BENJAMIN SILLIMAN, M.D. LL.D.

Theory and Practice of Physic, by

ELI IVER, M.D.

Materia Medica and Therapeutics, by

WILLIAM TULLY, M.D.

Principles and Practice of Surgery, by

JONATHAN KNIGHT, M.D.

Obstetrics, by

TIMOTHY P. BEERS, M.D.

Anatomy and Physiology, by

CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—tsep28

CHARLES HOOKER, Sec'y.

## A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-houses, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, post-paid.

Jy 14—4m

## THEODORE METCALF, APOTHECARY.

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any instrument not in store, obtained to order at three days' notice.

Ap 7—6m

## ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$2.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.